

## Purpose of the Test

The Hawaii Quality Assurance System test is intended for American Sign Language - English interpreters and transliterators who plan to be professionally employed as an interpreter or in a closely related field within the State of Hawaii.

The HQAS is not intended and should not be used as a progress assessment tool for sign language students nor for interpreters who intend to work primarily on the Mainland.

The HQAS test administrator may request additional documentation of a candidate's participation in an interpreter training program or other evidence that the candidate is adequately prepared for professional interpreting.

## Choose a Level

Please select the test level you prefer. Refer to the Functional Description of HQAS levels for an overview. Select either the Entry (I-III) or Advanced (IV,V) test level.

## Priority Scheduling

Candidates are usually scheduled on a "first-come, first-served" basis. Interpreters working in the public schools or holding expired certification from Island Skill Gathering and candidates traveling from Neighbor Islands, are offered priority scheduling whenever possible.

## Application for Written and Performance Test

Name

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

Postal Address:

\_\_\_\_\_  
Street or Mailing Address

\_\_\_\_\_  
Island

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Phone Numbers:

\_\_\_\_\_  
Residence (indicate if TTY)

\_\_\_\_\_  
Office or Work

\_\_\_\_\_  
Message or Cell-Phone

E-mail Address:

Soc. Sec. No.:

\_\_\_\_\_  
Yes    No    Do you hold current certification from any organization or agency?

If "yes", please list:

\_\_\_\_\_  
Organization or Agency

\_\_\_\_\_  
Certification Level

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Yes    No    Have you previously taken *any* interpreter screening test, including the HQAS, that is based on the Kansas Quality Assurance Screening?

If "yes", please list:

\_\_\_\_\_  
Agency and Location

\_\_\_\_\_  
Date Tested

\_\_\_\_\_  
Tape Set Used

\_\_\_\_\_  
Results / Credential

\_\_\_\_\_  
Yes    No    Has your interpreter certification or credential ever been revoked, canceled, rescinded, or otherwise suspended by any agency or organization?

Select a Test Level:    \_\_\_\_    Entry (I-III)    or:    \_\_\_\_    Advanced (IV,V)

Priority Schedule Request:    \_\_\_\_    I am currently interpreting in a Hawaii public school.  
\_\_\_\_    I hold an expired I.S.G. local credential.  
\_\_\_\_    I am travelling from a Neighbor Island.

I hereby agree to keep confidential all aspects of the Hawaii Quality Assurance System (HQAS) for sign language interpreters. This includes of any written test, video tapes, or other materials used in the process. I agree to hold harmless and indemnify the State of Hawaii Disability and Communication Access Board (DCAB) for any and all action or lack of action related in any way to the HQAS.

\$

Please Sign Here:

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

## Testing Fees

The testing fee for all candidates is \$200 per test. This fee includes participation in the pre-test workshop, administration of the written test, and the performance test.

Full payment of the fee must be submitted by check or money order payable to: Disability and Communication Access Board. Payment must be received with the candidate's application. Candidates who do not submit full payment with their application will not be scheduled for testing.

Start up funding and additional support has been generously provided by the University of Hawaii, the Vocational Rehabilitation and Services to the Blind Division and by the state Department of Education.

## Neighbor Island Applicants

Candidates who must travel from Neighbor Islands may apply for assistance with inter-island travel costs. For details, contact the HQAS test administrator at:

TTY: (808) 586-8130, or

Email: [dcabjk@aloha.net](mailto:dcabjk@aloha.net)

## Test Scheduling

Workshop and test dates will be scheduled as needed. Usually, the workshop and written test will be offered at least once each calendar quarter.

We will advise you by mail at least thirty days before your scheduled test date.

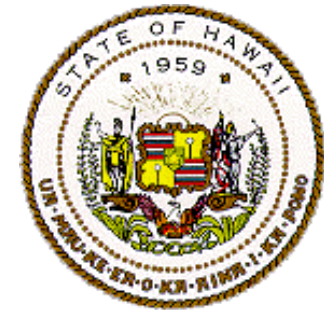
### Please note:

- The Pre-Test Workshop is offered at 9:00 am to 12:00 noon on Friday.
- The written test is offered at: 1:30 pm on the same Friday as the Workshop.
- Candidates will be scheduled for a two and one half hour appointment for the performance test on Saturday.

## Retesting Waiting Periods

Retest Circumstance:	Waiting Period:
Candidate fails Entry (I-III) level test, for a retest at the same level.	Six months (Three months if requested by a qualified mentor)
Candidate achieves L-II, for a retest attempting an L-III.	Six months (Three months if requested by a qualified mentor)
Candidate achieves L-III on Entry level, for Advanced (IV,V),	As soon as scheduling will allow. No waiting period.
Non-credentialled candidate fails Advanced (IV-V), for a retest at Entry (I-III) level.	As soon as scheduling will allow.

# Hawaii Quality Assurance System *Candidate's Application*



Disability and Communication Access Board  
919 Ala Moana Blvd. Room 101  
Honolulu, HI 96814

(808) 586-8130, TTY  
(808) 586-8121, Voice  
(808) 586-8129, Fax

<http://www.state.hi.us/health/dcab/>  
[dcabjk@aloha.net](mailto:dcabjk@aloha.net)